For receiving Office use only	
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International Application No.	
International Filing Date	
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Name of receiving Office and "PCT International Application"	

REQUEST The undersigned requests that the present international application be processed according to the Patent Cooperation Treaty. Applicant's or agent's file reference (if desired) (12 characters maximum) 758.1416WOU1 Box No. I TITLE OF INVENTION FLUID FILTER AND METHODS Box No. II APPLICANT (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address Name and address: This person is also inventor indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) Telephone No. DONALDSON COMPANY, INC. Facsimile No. 1400 West 94th Street P.O. Box 1299 Minneapolis, Minnesota 55440-1299 Teleprinter No. United States of America State (that is, country) of nationality: State (that is, country) of residence: This person is applicant all designated all designated States except the United States the States indicated in for the purposes of: States the United States of America of America only the Supplemental Box Box No. III FURTHER APPLICANT(S) AND/OR (FURTHER) INVENTOR(S) (Family name followed by given name; for a legal entity, full official designation. The Name and address: address must include postal code and name of country. The country of the address This person is: indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) applicant only HARDER, David B. 1713 Commonwealth Drive applicant and inventor Burnsville, Minnesota 55337 United States of America inventor only (If this check-box is marked, do not fill in below.) State (that is, country) of nationality: State (that is, country) of residence: all designated This person is applicant all designated States except the United States the States indicated in for the purposes of: States the United States of America of America only the Supplemental Box Further applicants and/or (further) inventors are indicated on a continuation sheet. Box No. IV AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE The person identified below is hereby/has been appointed to act on behalf agent common representative of the applicant(s) before the competent International Authorities as: Name and address: (Family name followed by given name; for a legal entity, full official designation. The Telephone No. 612/ 336-4711 address must include postal code and name of country. Facsimile No. BRUESS, Steven C. (612) 336-4751 Merchant & Gould P.C. P.O. Box 2903 Teleprinter No. Minneapolis, Minnesota 55402-0903 United States of America Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.

Form PCT/RO/101 (first sheet) (July 1998)

See Notes to the request form

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Sheet	NO.				- 4

Continuation of Box No. III FURT HER APPLICANTS AND/OR (FURTHER) INVENTORS								
If none of the following sub-boxes is used, this sheet is not to be included in the request.								
Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is:								
JOHNSON, Philip Edward 13145 Emmer Place applicant only								
Apple Valley, Minnesota 55124	applicant and inventor							
United States of America	inventor only (If this check-box is marked, do not fill in below.)							
State (i.e. country) of nationality: GB	State (i.e. country) of residence: US							
This person is applicant for the purposes of: all designated states all designated States the United States	tes except the United States the States indicated in							
Name and address (Family name followed by given name; for a legal entity, full must include postal code and name of country. The country of is the applicant's State (that is, country) of residence if no State.	the address indicated in this Box This person is:							
STENERSEN, Eivind	applicant only							
N8811 - 1047 Street River Falls, Wisconsin 54022	applicant and inventor							
United States of America	inventor only (If this check-box is marked, do not fill in below.)							
State (i.e. country) of nationality: NO	State (i.e. country) of residence: US							
This person is applicant for the purposes of: all designated States all designated States the United States								
Name and address (Family name followed by given name; for a legal entity, full of must include postal code and name of country. The country of is the applicant's State (that is, country) of residence if no State.	the address indicated in this Box This person is:							
RAUSCH, Curt A.	applicant only							
7704 West 85th Street Circle Bloomington, Minnesota 55438	applicant and inventor							
United States of America United States of America inventor only (If this check-box is marked, do not fill in below.)								
State (i.e. country) of nationality: US	State (i.e. country) of residence: US							
This person is applicant for the purposes of: all designated the United States all designated the United States	of America of America only the Supplemental Box							
Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country. The country of the address indicated in this Box is the applicant's State (that is, country) of residence if no State of residence is indicated below.) This person is:								
HACKER, John R. 5614 Saint Andrews Avenue	applicant only							
applicant and inventor United States of America								
United States of America inventor only (If this check-box is marked, do not fill in below.)								
State (i.e. country) of nationality: US State (i.e. country) of residence: US								
This person is applicant for the purposes of: all designated lesignated states except the United States indicated in the United States of America of America only the Supplemental Box								
Further applicants and/or (further) inventors are indicated on another continuation sheet.								

Box No. V **DESIGNATION OF STATES**

The following designations are hereby made under Rule 4.9(a) (mark the applicable check-boxes; at least one must be marked): Regional Patent

- GH Ghana, GM Gambia, KE Kenya, LS Lesotho, MW Malawi, MZ Mozambique, SD Sudan, SL Sierra Leone, SZ Swaziland, TZ Tanzania, UG Uganda, ZM Zambia, ZW Zimbabwe, and any other State which is a Contracting State of the
- Harare Protocol and of the PCT M Eurasian Patent: AM Armenia, AZ Azerbaijan, BY Belarus, KG Kyrgyzstan, KZ Kazakstan, MD Republic of Moldova, RU Russian Federation, TJ Tajikistan, TM Turkmenistan, and any other State which is a Contracting State of the Eurasian Patent Convention and of the PCT
- European Patent: AT Austria, BE Belgium, BG Republic of Bulgaria, CH and LI Switzerland and Liechtenstein, CY Cyprus, CZ Czech Republic, DE Germany, DK Denmark, EE Republic Estonia, ES Spain, FI Finland, FR France, GB United Kingdom, GR Ø Greece, HU Hungary, IE Ireland, IT Italy, LU Luxembourg, MC Monaco, NL Netherlands, PT Portugal, RO Romania SE Sweden, SK Slovak Republic, SL Slovenia, TR Turkey, and any other State which is a Contracting State of the European Patent Convention and of the
- \boxtimes OAPI Patent: BF Burkina Faso, BJ Benin, CF Central African Republic, CG Congo, CI Côte d'Ivoire, CM Cameroon, GA Gabon, GN Guinea, GQ Equatorial Guinea, GW Guinea-Bissau, ML Mali, MR Mauritania, NE Niger, SN Senegal, TD Chad, TG Togo, and any other State which is a member State of OAPI and a Contracting State of the PCT (if other kind of protection or treatment desired, specify on dotted line)

National Patent (if other kind of protection or treatment desired, specify on dotted line):							
\boxtimes	AE	United Arab Emirates	\boxtimes	ŁC	Saint Lucia		
\boxtimes	AG	Antigua and Barbuda	\boxtimes	LK	Sri Lanka		
\boxtimes	AL	Albania	\boxtimes	LR	Liberia		
\boxtimes	AM	Armenia	\boxtimes	LS	Lesotho		
\boxtimes	AT	Austria and utility model	\boxtimes	LT	Lithuania		
\square	ΑU	Australia	冈	LU	Luxembourg		
図	AZ	Azerbaijan	冈	LV	Latvia		
\boxtimes	BA	Bosnia and Herzegovina	冈	MA	Могоссо		
\boxtimes	BB	Barbados	ಠ	MD	Republic of Moldova		
\boxtimes	BG	Bulgaria	ಠ	MG	Madagascar		
$\overline{\boxtimes}$	BR	Brazil	ಠ	MK	The former Yugoslav Republic of Macedonia		
図	BY	Belarus	ಠ	MN	Mongolia		
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\boxtimes	CA	Canada	ಠ	MX	Mexico		
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\boxtimes	CN	China	ಠ	NO	Norway		
\boxtimes	CO	Columbia	冈	NZ	New Zealand		
\boxtimes	CR	Costa Rica	团	OM	Oman		
\boxtimes	CS	Serbia and Montenegro	冈	PG	Papua New Guinea		
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\boxtimes	CZ	Czech Republic and utility model	冈	PL	Poland		
\boxtimes	DE	Germany and utility model	冈	PT	Portugal		
\boxtimes	DK	Denmark and utility model	図	RO	Romania		
\boxtimes	DM	Dominica	\boxtimes	RU	Russian Federation		
\boxtimes	DZ	Algeria	\boxtimes	SC	Seychelles		
\boxtimes	EC	Ecuador	\boxtimes	SD	Sudan		
\boxtimes	EE	Estonia and utility model	\boxtimes	SE	Sweden		
\boxtimes	EG	Egypt	\boxtimes	SG	Singapore		
\boxtimes	ES	Spain	\boxtimes	SK	Slovakia and utility model		
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	KR	Republic of Korea	\bowtie	zw	Zimbabwe		
\boxtimes	KZ	Kazakstan					

In addition to the designations made above, the applicant also makes under Rule 4.9(b) all designations which would be permitted under the PCT except the designation(s) of. _____ The applicant declares that those additional designations are subject to confirmation and that any designation which is not confirmed before the expiration of 15 months from the priority date is to be regarded as withdrawn by the applicant at the expiration of that time limit. (Confirmation of a designation consists of the filing of a notice specifying that designation and the payment of the designation and confirmation fees. Confirmation must reach the receiving Office within the 15-month time limit.)

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Box No. VI	PRIORIT	Y CLAIM			F	urther priority claims مدن indi	cated in the Supplemental Box.	
Filing date			Where earlier application is:					
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item (1)			application		ntry	regional Office	receiving Office	
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				datory to indicate it was filed (Rule 4.10		Box at least one country party to emental Box.	the Paris Convention for the	
Box No. VII	INTERNA	TIONAL SE.	ARCHING AU					
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ISA / EP								
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Box No. IX SIGNATURE OF APPLICANT OR AGENT								
Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the request).								
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For receiving Office use only								
	ual receipt of all application:			• For receiving (office use only		2. Drawings:	
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the purported international application:								
4. Date of timely receipt of the required corrections under PCT Article 11(2):						not received:		
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